

page 1

Debtor 1

Santos

A.

Lainez

First Name

Middle Name

Last Name

Case number (if known) 19-12293

Unsecured claim

3 Comptroller of the Treasury **What is the nature of the claim?** See Attachment 2 \$ 813.00

Creditor's Name

Compliance Division, Room 409

Number Street

301 West Preston Street

Baltimore

MD

See 2

City

State

ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property?**☒ No☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

4 CBE Group **What is the nature of the claim?** Credit Card Charges \$ 553.00

Creditor's Name

P O Box 900

Number Street

Waterloo

IA

50704

City

State

ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property?**☒ No☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

5 Office of the County Attorney **What is the nature of the claim?** Municipal infraction judgment. \$ 505.00

Creditor's Name

Hillary Holbrook Taylor, Esq.

Number Street

101 Monroe St., 3rd Floor

Rockville

MD

20850

City

State

ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property?**☒ No☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

6 Office of the County Attorney **What is the nature of the claim?** Municipal infraction judgment. \$ 505.00

Creditor's Name

Hilary Holbrook Taylor, Esq.

Number Street

101 Monroe St., 3rd Floor

Rockville

MD

20850

City

State

ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property?**☒ No☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

7 Internal Revenue Service **What is the nature of the claim?** See Attachment 3 \$ 1.00

Creditor's Name

P.O. Box 7346

Number Street

Philadelphia

PA

See 3

City

State

ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property?**☒ No☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

Debtor 1

Santos

A.

Lainez

First Name

Middle Name

Last Name

Case number (if known) 19-12293

Unsecured claim

8

Thornton Mellon, LLC

Creditor's Name

c/o Geoffrey Polk, Esq.

Number Street

939 W. North Ave., Suite 830

Chicago

IL

60642

City

State

ZIP Code

Contact

Contact phone

What is the nature of the claim? Lawsuit.

\$ 1.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

9

Gregory James Carroll, Esq.

Creditor's Name

Tax Lien Law Group, LLP

Number Street

27 North Wacker Drive, Suite 503

Chicago

IL

60602

City

State

ZIP Code

Contact

Contact phone

What is the nature of the claim? Lawsuit.

\$ 1.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

10

Axis Management Group, LLC c/o

Creditor's Name

Incorp Services, Inc.

Number Street

1519 York Road

Lutherville

MD

21093

City

State

ZIP Code

Contact

Contact phone

What is the nature of the claim? _____

\$ 1.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

11

SunTrust Bank

Creditor's Name

Bankruptcy Department

Number Street

P.O. Box 85041

Richmond

VA

23285

City

State

ZIP Code

Contact

Contact phone

What is the nature of the claim? See Attachment 4

\$ 0.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☒ Yes. Total claim (secured and unsecured): \$ 15,689.00
Value of security: - \$ 15,689.00
Unsecured claim \$ 0.00

12

Charter House, LLC c/o

Creditor's Name

Charles E. Kohlhoss

Number Street

4920 Elm Street, Suite 200

Bethesda

MD

20814

City

State

ZIP Code

Contact

Contact phone

What is the nature of the claim? Secured loan.

\$ 0.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☒ Yes. Total claim (secured and unsecured): \$ 533,857.00
Value of security: - \$ 533,857.00
Unsecured claim \$ 0.00

Debtor 1

Santos

A.

Lainez

First Name

Middle Name

Last Name

Case number (if known) 19-12293

Unsecured claim

13

Creditor's Name

What is the nature of the claim? _____

\$ _____

Number Street

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

City State ZIP Code

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

Contact

Contact phone

14

Creditor's Name

What is the nature of the claim? _____

\$ _____

Number Street

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

City State ZIP Code

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

Contact

Contact phone

15

Creditor's Name

What is the nature of the claim? _____

\$ _____

Number Street

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

City State ZIP Code

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

Contact

Contact phone

16

Creditor's Name

What is the nature of the claim? _____

\$ _____

Number Street

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

City State ZIP Code

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

Contact

Contact phone

17

Creditor's Name

What is the nature of the claim? _____

\$ _____

Number Street

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

City State ZIP Code

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

Contact

Contact phone

Debtor 1

Santos

A.

Lainez

First Name

Middle Name

Last Name

Case number (if known) 19-12293

Unsecured claim

18

What is the nature of the claim? _____

\$ _____

Creditor's Name _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

19

What is the nature of the claim? _____

\$ _____

Creditor's Name _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

20

What is the nature of the claim? _____

\$ _____

Creditor's Name _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/Santos A. Lainez _____

Signature of Debtor 1

X _____

Signature of Debtor 2

Date 02/26/2019
MM / DD / YYYYDate _____
MM / DD / YYYY

Attachment

Debtor: Santos A. Lainez Case No: 19-12293

1. 19850-5298

Attachment 2

21201-2305

Taxes and Other Government Debts

Attachment 3

19101-7346

Taxes and Other Government Debts

Attachment 4

Purchase-Money Security Interest